



ACCOUNT APPLICATION

Account Number _____

Name _____

Membership Eligibility _____

Mailing Address (IF DIFFERENT FROM RESIDENTIAL) _____

City _____ State _____ Zip _____

Residential Address (REQUIRED-NO EXCEPTIONS) _____

City _____ State _____ Zip _____

E-Mail Address 1 _____

E-Mail Address 2 _____

Social Security Number or Tax ID Number _____

Date of Birth _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____

D.L. # _____ State _____ Issue Date _____ Exp. Date _____

Student ID No. _____ School _____

Passport No. _____ Date _____ Country _____ Exp. Date _____

Employee ID No. _____ Employer _____

Other Document No. _____ Describe Document _____

Issuing Authority Issue Date _____ Exp. Date _____

ACCOUNT TYPE: CHECK BOX TO OPEN OR MODIFY ACCOUNT

- Share
- Share Draft (Select ONE Overdraft Protection Option Below.)
 - No overdraft protection.
 - Transfer from share (savings) account only to cover overdraft.
 - Advance from established signature line of credit loan to cover any overdraft.
 - Transfer from share account first, then signature line of credit to cover any overdraft.
 - Transfer from signature line of credit first, then share account to cover any overdraft.
- Christmas Club Secondary Certificate No. _____
- Money Market Other _____

DESIRED SERVICES:

- ATM Card VISA Check Card
 - You request that secondary card(s) be issued to your joint applicant(s)
- E-BRANCH STAR
 - Cross Account Transfer - Available on STAR and E-BRANCH
(You authorize cross account transfers from your account to the following accounts on which you are a joint owner.)
 - 1) _____ 2) _____ 3) _____
 - 4) _____ 5) _____ 6) _____

FOR CREDIT UNION USE

This application approved by: Signature _____ Date _____
Membership Officer

ACCOUNT OWNERSHIP

SELECT ONE ownership type and complete information applicable to the option selected. The ownership type and beneficiaries specified on this document will remain the same for all of the owner's accounts. If account ownership is different, a separate application must be completed for each account opened.

1. **Individual** (Member's estate upon death)

2. **Designated Beneficiary** (Beneficiary's upon death of member)

Beneficiary Name	SS#	Address	Date of Birth
1.			
2.			
3.			
4.			

3. **Joint Tenants with Right of Survivorship**

Joint Owner Signature	SS#	Address	Date of Birth
1.			
2.			
3.			
4.			

4. **Joint Tenants with Right of Survivorship with Designated Beneficiary** (Beneficiary's upon death of all owners)

Joint Owner Signature	SS#	Address	Date of Birth
1.			
2.			
3.			
4.			

Beneficiary Name	SS#	Address	Date of Birth
1.			
2.			
3.			
4.			

5. **Additional Authorized Signatory** (Member's estate upon death)

Authorized Signatory Signature	SS#	Address	Date of Birth
1.			
2.			
3.			
4.			

TAXPAYER CERTIFICATION

Taxes on dividend earnings will be reported under the Member's social security number. Check below if another designation is necessary. Under penalties of perjury, I certify by signing below (1) that the number shown is my correct social security number, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding (if you have been notified that you are subject to backup withholding due to under reporting or have not been notified by the Internal Revenue Service that backup withholding has been terminated, you must strike out section (2) of the preceding sentence) and (3) I am a U.S. person (including a U.S. resident alien).

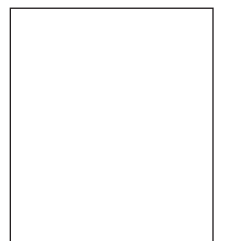
Tax Reporting Option if Other Than Member:

Joint Owner 1 _____ Joint Owner 2 _____ Date _____

I authorize the credit union to obtain credit reports in connection with this application and for any update, renewal or extension of credit or service. At my request, the credit union will tell me the name and address of any credit bureau from which it received a credit report on me. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions insured by NCUA. I also hereby agree to the terms disclosed in the Member Service Guide that will be delivered to me upon credit union receipt of this application. I understand and agree to the terms and conditions of any account or service that I have with the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time without notice, except as required by law. Excluding real estate loans, I (we) hereby pledge all paid shares and deposits and payments thereon, which I (we) now have or hereafter may have in the credit union to the extent of all my (our) unpaid balances due the credit union. In case of default on a loan or other sums owing to the credit union, I (we) hereby authorize the credit union to apply any or all such funds to the payment of the unpaid balance without notice, whether or not the credit union accelerates. I (we) agree to be jointly and severally liable for all fees incurred on this account. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member Signature _____ Date _____
 Joint Owner Signature (if Applicable) _____ Date _____
 Joint Owner Signature (if Applicable) _____ Date _____
 Joint Owner Signature (if Applicable) _____ Date _____
 Joint Owner Signature (if Applicable) _____ Date _____

For Notary Seal
(or use this area if credit union requires thumb print i.d.)



COMPLETE IF REQUIRED BY YOUR CREDIT UNION. I certify that the information provided above is my true and correct identity information.
 Signed _____ Date _____
 Member/Owner _____
 State of _____, County of _____, City of _____
 This person named hereon personally came before me on this, the _____ day of _____, 20 _____
 My commission expires on _____